

CITY OF TEMPE SPRING 2020 K-8TH HOOPS CLINIC

NON-TEMPE RESIDENTS ARE ALWAYS WELCOME

K - 8TH Program Description:

- ◆ Grades based on Fall 2019
- ◆ No experience needed! First time participants welcome
- ◆ Drills tailored to fit each grade level
- ◆ Fundamental skill enhancement with game-like scenarios
- ◆ Athletes will receive a clinic t-shirt

Easy to Register!

- ◆ Mail-in or Drop off Monday-Friday, 8 AM-5 PM
(Recreation Services 3500 S. Rural Rd. 2nd Floor)
- ◆ Fax: 480-350-5058 (Debit or Credit payment only)
- ◆ On-line: www.tempe.gov/youthsports

Fee: \$36.00 Per Child

- ◆ Scholarships available*
- ◆ Must verify enrollment in state subsidy program
& be a Tempe resident or child attends a Tempe school

K-8th Program Location:

- ◆ Escalante Community Center
- ◆ 2150 E. Orange St.

K-8th Program Dates:

- ◆ Sat. Mar. 7th & 14th

K-8th Revised Times:

- ◆ K-3rd: 10:00am – 12:00pm
- ◆ 4th-8th: 10:00am – 12:00pm

K-8th Program Codes:

- ◆ 65965 = K-3rd
- ◆ 65966 = 4th-8th

Hoops Clinic Registration Form		Spring 2020	
Participant Name: _____	Date of Birth _____	Age _____	Sex _____
Address: _____	APT # _____	City _____	Zip _____
Parent's Name: _____	School _____	Grade (Fall 2019) _____	
Parent's Phone: _____	Email: _____	Previous Participant: Y N	
Secondary Parent's Name _____		Secondary Parent's Phone: _____	
Program Accommodations: _____			
Please Circle One:		K-3 rd : 65965	4 th -8 th : 65966
Waiver of Liability			
<p>With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: _____ I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will. *Photos may be taken during programs for City of Tempe Use*</p>			
_____ REQUIRED: Parent or Legal Guardian Signature AND Printed Name			_____ Date

Fee: \$ _____ Credit Card Number _____ -- -- -- Exp. Date: _____

Enclosed Check # _____ **OR** Signature Authorizing Charge to above number _____

Looking to Volunteer? Questions? Please do not hesitate to call. 480-350-5222 or kevon.cornejo@tempe.gov